

<b>Case Number:</b>	CM14-0023399		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male that reported an injury on 07/03/2008. Mechanism of injury was not provided. The injured worker had an exam on 01/30/2014 with complaints of right shoulder and neck pain. The exam tests were illegible. The diagnoses were cervical degenerative disc disease, cervical radiculopathy, and right shoulder adhesive (illegible). The treatment plan was to have physical therapy two times a week for four weeks. There was lack of documentation of any previous physical therapy notes or treatment. There was a lack of documentation on medications, pain assessment and evidence of home exercise program. The request for authorization and rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **PHYSICAL THERAPY 2X4 CERVICAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The request for physical therapy 2x4 for cervical is not medically necessary. The injured worker has history of cervical degenerative disc disease and cervical radiculopathy.

There was no documentation provided on any previous treatment, or medications. The California MTUS guidelines recommend passive therapy to provide short term relief to control symptoms such as pain, inflammation and swelling. The guidelines also recommend that active therapy is based on the philosophy of therapeutic exercise or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no documentation of the injured workers functional deficits, nor was there any pain assessments or evaluations provided. Therefore the request for physical therapy is not medically necessary.